Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
11/01/2015	11/30/2015							

DMR Mailing ZIP CODE: 83864

MAJOR

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG		QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	80	90		*****	10	12				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2482	****		*****	306	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMU	***** M	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	53	88		*****	6	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1683	****		*****	207	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	14.3				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel p person or p the informa accurate, an	supervision in accordance roperly gather and evaluate ersons who manage the sy tion, the information subn d complete. I am aware the	document and all attachme with a system designed to e the information submittee stem, or those persons dire inted is, to the best of my k at there are significant pena	assure that qualified d. Based on my inqui- ctly responsible for g nowledge and belief, lities for submitting f	ry of the athering true, alse SIG	NATURE OF PRINCIPA	L EXECUTIVE OFFIC	ER OR	TEL	EPHONE	DATE
TYPED OR PRINTED	information	, including the possibility	of fine and imprisonment for	or knowing violations	i.	AUTHORIZ		—	AREA Code	e NUMBER N	/M/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

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11/01/2015	11/30/2015							

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, total [as CN]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI B				
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cyanide, total [as CN]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI B				
00720 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI B				
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI B				
01002 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI B				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	****	****	****	.246				
01027 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI B				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECU			document and all attachme with a system designed to		ider my				TEL	EPHONE	DATE

accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

Г	ID0020842		001-A					
Г	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	11/01/2015	1	11/30/2015					

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	5.16				
01034 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	9.04				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	148				
01042 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
_ead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	*****	****	1.47				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
_ead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	8.28				
01051 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.41				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	*****	*****	****	****	4.24				
01067 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	information, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

Γ	ID0020842		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	RIN	IG PERIOD					
	MM/DD/YYYY]	MM/DD/YYYY					
	11/01/2015]	11/30/2015					

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.6				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	*****	****	.948				
01077 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	****	****	96.7				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	210				
01092 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1	*****		*****	****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	.05	.2			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
11/01/2015	11/30/2015							

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI B				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	****	****	****	.23				
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD

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ID0020842	001-A							
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MM/DD/YYYY	MM/DD/YYYY							
12/01/2015	12/31/2015							

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO. FREQUEN		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	13.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	296	981		*****	17	45				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2811	****		*****	227	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	111	364		*****	6	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1884	****		*****	151	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	30.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel person or pe	supervision in accordance roperly gather and evaluate ersons who manage the sy	document and all attachmes with a system designed to see the information submitted stem, or those persons directly the stem, or those persons directly the stem of the set of my k	assure that qualified d. Based on my inqui ctly responsible for g	ry of the athering				TEL	EPHONE	DATE

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PARAMETER

ID0020842	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
12/01/2015	12/31/2015						

VALUE

DMR Mailing ZIP CODE: 83864

NO

EX

MAJOR

(SUBR 01)

QUALITY OR CONCENTRATION

VALUE

VALUE

TO THE PEND OREILLE RIVIE

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

OF ANALYSIS

				1			1				
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	31.8				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	4				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved [as P	SAMPLE MEASUREMENT	****	****	****	****	****	4				
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	3	100				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 DAILY MX	#/100m		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	****		*****	*****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIV	direction or	ler penalty of law that this of supervision in accordance roperly gather and evaluate	with a system designed to	assure that qualified	· I				TELEI	PHONE	DATE
	person or pe the informa accurate, an	ersons who manage the sys tion, the information submi d complete. I am aware tha	tem, or those persons dire itted is, to the best of my l t there are significant pena	ectly responsible for ga knowledge and belief, alties for submitting fa	athering true, alse SIGNAT	TURE OF PRINCIPAL	_ EXECUTIVE OFFI	CER OR			
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UNITS

QUANTITY OR LOADING

VALUE

VALUE

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ATTN: RYAN J. LUTTMANN

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.03	.32			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	93	*****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	96	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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01/01/2016	01/31/2016						

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MAJOR \$

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AUTHORIZED AGENT

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	11.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	572	1174		****	26	40				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2676	****		*****	163	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	500	674		*****	20	29				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1751	****		*****	106	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	19.3				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or	supervision in accordance	document and all attachme with a system designed to the the information submitted	assure that qualified	·				TELE	EPHONE	DATE

the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
01/01/2016	01/31/2016						

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	8	200				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.6	*****		****	****	*****	****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	.12	.31			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	84	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	81	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

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ADDRESS: 1123 WEST LAKE STREET
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
02/01/2016	02/29/2016						

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	****	9.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	345	626		*****	14	22				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2407	****		*****	109	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
ρΗ	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	222	360		****	9	13				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	2059	****		*****	94	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	8.8				
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

_		_						
	ID0020842	1	001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	02/01/2016	1	02/29/2016					

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	3	25				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	*****		*****	****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.12	.37			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	87	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	90	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
03/01/2016	03/31/2016						

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	10				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	206	412		*****	9	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2804	****		*****	138	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
pH	SAMPLE MEASUREMENT	****	*****	****	7.2	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	78	151		*****	5	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	1889	****		*****	94	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	9.45				
	PERMIT	*****	*****	*****	*****	****	Req. Mon.	mg/L		Monthly	COMP24

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

SAMPLE

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

Nitrogen, nitrite total [as N]

PARAMETER

ID0020842	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
03/01/2016	03/31/2016						

VALUE

DMR Mailing ZIP CODE: 83864

NO

EX

MAJOR \$

(SUBR 01)

QUALITY OR CONCENTRATION

VALUE

.131

VALUE

TO THE PEND OREILLE RIVIE

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

OF ANALYSIS

	MEASUREMENT							1 1		
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C			
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	11.4			
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	1.13			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.855			
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	5	140			
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL	Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	****		*****	****	****	*****		
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****	Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIVE	direction or personnel properson or person or	er penalty of law that this of supervision in accordance to operly gather and evaluate rsons who manage the syst ion, the information submi	with a system designed to the information submitte em, or those persons dir tted is, to the best of my	o assure that qualified ed. Based on my inquir ectly responsible for go knowledge and belief,	ry of the athering true,	FUDE OF PRINCIPAL	EVECUTIVE OFFICE	250.00	TELEPHONE	DATE
TYPED OR PRINTED		d complete. I am aware that including the possibility of			aise SIGNA	FURE OF PRINCIPAL AUTHORIZI			EA Code NUMBER	MM/DD/YYYY

UNITS

QUANTITY OR LOADING

VALUE

VALUE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

Γ	ID0020842		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	03/01/2016	1	03/31/2016					

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.08	.18			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	93	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	92	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	13.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	207	338		*****	17	27				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2823	****		*****	234	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	61	98		*****	5	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	2149	****		*****	178	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	14				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	airection or	supervision in accordance	s document and all attachme e with a system designed to a te the information submitted	assure that qualified	l l				TEL	EPHONE	DATE

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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	2	20				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	****		*****	****	*****	****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.06	.18			Twice per Day	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	93	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	237	482		*****	18	28				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2976	****		*****	269	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	134	406		*****	8	17				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	2411	****		*****	209	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	26.3				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel pi	supervision in accordance operly gather and evaluat	document and all attachme with a system designed to e the information submitted stem, or those persons direct	assure that qualified I. Based on my inqui	ry of the				TEL	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

accurate, and complete. I am aware that there are significant penalties for submitting false

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TYPED OR PRINTED

NUMBER

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 1123 WEST LAKE STREET
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION	NTRATION		FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, total [as CN]	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 9				
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cyanide, total [as CN]	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI 9				
00720 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	****	****	****	NODI 9				
01002 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.316				
01027 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
NAME/TITLE PRINCIPAL EXECU		penalty of law that this capervision in accordance	document and all attachm		der my				TEL	EPHONE	DATE

TYPED OR PRINTED information, including the possibility of fine and imprisonment for knowing violations.

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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	3.85				
01034 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****	****	12.5				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****	****	101				
01042 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
_ead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
_ead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	****	*****	13				
01051 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	****	*****	****	*****	2.07				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	3.9				
01067 G 0	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

TELEPHONE

TELEPHONE

DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.682				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	*****	****	1.04				
01077 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	****	****	86.7				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	****	****	383				
01092 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	4	315				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	*****		*****	****	****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	.05	.15				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER of the first with a first doctment and a distantinent were pilepare under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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AREA Code NUMBER MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	PRING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
05/01/2016	05/31/2016				

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	93	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

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ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO.	SAMPLE			
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
SAMPLE MEASUREMENT	****	*****	*****	*****	*****	18.9				
PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
SAMPLE MEASUREMENT	92	293		*****	9	25				
PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
SAMPLE MEASUREMENT	3051	****		****	312	****				
PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
SAMPLE MEASUREMENT	****	****	****	7.2	****	7.6				
PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
SAMPLE MEASUREMENT	60	479		****	6	41				
PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
SAMPLE MEASUREMENT	2294	****		****	236	****				
PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	COMP24
SAMPLE MEASUREMENT	****	*****	*****	*****	****	28.4				
PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
direction or	supervision in accordance	with a system designed to	assure that qualified	, I				TEL	EPHONE	DATE
	PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT ****** ******* ******* ******* ****	VALUE VALUE UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT MO AVG SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIR	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE

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FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

PARAMETER

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

VALUE

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

QUALITY OR CONCENTRATION

VALUE

VALUE

TO THE PEND OREILLE RIVIE

NO

EX

External Outfall

UNITS

No Discharge

SAMPLE

TYPE

FREQUENCY

OF ANALYSIS

Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	*****				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	1.94			
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****				
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L	Quarterly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2			
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	126 MO GEO	406 DAILY MX	#/100mL	Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	*****		*****	*****	****	*****		
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	*****	*****	Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIVE	direction or personnel pi	er penalty of law that this of supervision in accordance woperly gather and evaluate	with a system designed to the information submitte	assure that qualified ed. Based on my inquir	y of the				TELEPHONE	DATE
	the informat accurate, and	ion, the information submit d complete. I am aware that including the possibility of	tted is, to the best of my t there are significant pen	knowledge and belief, alties for submitting fa	true, SIGNAT	URE OF PRINCIPAL				
TYPED OR PRINTED						AUTHORIZI	ED AGEN I	AR	REA Code NUMBER	MM/DD/YYYY

UNITS

QUANTITY OR LOADING

VALUE

VALUE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

Γ	ID0020842		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
			0.050100
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2016]	06/30/2016

DMR Mailing ZIP CODE: 83864

MAJOR

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	·	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.05	.4				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: RYAN J. LUTTMANN

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	21.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	149	354		*****	17	42				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3244	****		*****	618	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	31	42		*****	3	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	2365	****		*****	260	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	29.4				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel p	supervision in accordance roperly gather and evaluat	document and all attachme with a system designed to the the information submitted stem, or those persons direct	assure that qualified d. Based on my inqui	ry of the				TEL	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

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MAJOR

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	4	90				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	****		*****	****	*****	*****			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	.04	.16				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

I I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY